Antemortem Anatomical Gift by Donor

Being of the age of eighteen or older and of sound mind, I hereby offer my:

   __  brain
   __  [PI to list other body specimens]

(referenced hereafter as “brain and other body specimens”) after my death as an unrestricted gift for purposes of research, education, and the advancement of science or therapy to Boston University, [PI Contact Information for lab/research center].

INTENT AND AUTHORIZATION

By signing this document, I intend the Boston University [name of research center/lab] to have the exclusive right to control the use and disposition of my [brain and other body specimens] after my death for research, education, or the advancement of science or therapy. I authorize the postmortem removal, examination, retention, use, and distribution of my [brain and other body specimens] for these purposes.

I authorize and request the person making the final arrangements for my body to call the Boston University [insert PI lab/research center name] immediately upon my death to determine if a donation will be accepted and, if accepted, to make arrangements for the removal/collection of my [brain and other body specimens] and for their delivery to the Boston University [PI lab/research center], at Boston University’s expense. I understand that my [brain and other body specimens] must be removed and sent to Boston University [within 24 hours of the time of death], except in unusual circumstances where an exception can be made by the University.

My next-of-kin or executor will be responsible for any other fees and costs incurred in connection with my death.

I understand that:

- My [brain and other body specimens] may be held in a biorepository (“biobank” or “brain bank”).

- Upon my death, my decision to donate my [brain and body specimens] to Boston University for such purposes will become irrevocable. However, I may revoke my offer
to donate at any time before my death by notifying the Boston University [lab/research center] in writing at the address above, or as otherwise as permitted by applicable law.

• The approval of my next-of-kin is not necessary to make this gift legally effective and enforceable. However, I direct my next-of-kin and any other person legally responsible for my remains to cooperate with Boston University to carry out my wishes as set forth in this document. They may also wish to and are authorized to expand the selection of body parts for donation.

• The Boston University [PI lab/research center] reserves the right at any time to decline this anatomical gift as it may deem appropriate in light of the intended purposes. The acceptance of my donation is contingent upon the decision of the Boston University [PI lab/research center] at the time of death.

SHARING WITH OTHERS; PUBLICATIONS AND PRESENTATIONS

I authorize Boston University to share all or parts of my donated brain and body specimens and information relating to me with others for the advancement of research, education, science or therapy, for activities that are related or unrelated to the activities of the Boston University [lab/research center]. The recipients may include other academic, non-profit, for-profit, and governmental entities, including but not limited to hospitals, universities, other research institutions, cell/tissue storage banks, other data and biospecimen repositories, and commercial businesses engaged in research and development activities.

I understand that the analyses, examinations, findings, opinions, and other results of the research, education, and other activities may be disclosed, published, and presented. No personally identifiable information will be used or disclosed except as authorized or otherwise permitted in accordance with all applicable laws.

RELEASE

To the maximum extent permitted by law, I hereby release and hold harmless the Trustees of Boston University and its current, former, and future officers, trustees, employees, students, agents, and representatives from any liability whatsoever arising from or related to the donation, use, and disposition of my brain and body specimens and information relating to me. The foregoing shall be binding on my estate and all my heirs and others who may claim under or through me or my estate.

DECLARATION

Boston University shall have the power and authority to sign, seal, execute, acknowledge and deliver any and all documents or instruments of any kind, nature, or description as it deems
necessary or appropriate in order to carry out and facilitate my donation, including but not limited to any and all statements, forms, or authorizations concerning the donation and to do all other things necessary or appropriate to accept my donation and carry out the purposes of my donation.

I understand that this is a legal document being signed by me in accordance with the Massachusetts Anatomical Gift Act, M.G. L. ch. 113A §§1-25, and the Uniform Anatomical Gift Act. A facsimile or PDF copy of this document will be enforceable as an original. This document may be executed electronically/digitally in compliance with the Massachusetts Uniform Electronic Transactions Act (MUETA), M.G.L. ch 110G and/or the Electronic Signatures in Global and National Commerce Act, 15 U.S.C. §7001 et seq. Persons signing this document agree that, if used, electronic/digital signatures are intended to authenticate this writing and to have the same force and effect as the use of manual signatures.

I understand that this instrument will remain in effect unless I provide a written notice of revocation to the Boston University [PI lab/research center] (see address above) or otherwise as provided by applicable law. The revocation will be effective immediately upon receipt of my written notice. I understand that the revocation will not have any effect on any action taken in reliance on this instrument before notice of revocation is received by Boston University.

I further understand that this instrument contains my consent, authorization, direction, acknowledgement, and declaration of various matters. Having read this instrument in full, and understanding its content and legal effect, and having had the opportunity to ask questions about it that have been answered to my satisfaction, I hereby sign this instrument knowingly and voluntarily in the presence of the undersigned witnesses, intending it to be fully and legally valid and enforceable in accordance with its terms.

____________________________________________________________________________
Name of Donor (Please Print)    Signature of Donor

_________________________________________________________    _______/____/______
Home Address          Date of Birth

_____________________________________________________________________________
City/Town       State             Zip Code

(________)________________________________ _________/________/______________
Telephone       Today’s Date
WITNESS ATTESTATION

Witness 1: must a disinterested person.
Witness 2: If the Donor has other next-of-kin or legally authorized individuals at the time this instrument is signed and they are available, such individuals should serve as Witness 2. If possible, please have this instrument witnessed by the Donor’s two highest priority next-of-kin. The order of next-of-kin priority is: (1) current spouse; (2) an adult son or daughter; (3) either parent; (4) an adult brother or sister; (5) an adult grandchild; (6) a grandparent. Otherwise, any disinterested person may serve as Witness 2.

We hereby sign our names as witnesses:

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ACCEPTANCE

On behalf of the Boston University [PI lab/research center], I accept the foregoing gift.

______________________   __________________________________________
Date      Signature

__________________________________________
Title